

eres 2501-0030 pres 2501-0007

Initial Application Date: 1 - 14-25

Application # SRES CS CS 7

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER Daniel Floyd Mailing Address: 2540 S River Rd
City: Lillington State NC Zip: 27546Contact No. 9193384272Email: dfstate @gmcil.com
APPLICANT: Daniel Floyd Mailing Address:
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner
ADDRESS: 7540 5 River Rd PIN:
Zoning: Flood: Watershed: Deed Book / Page:
Setbacks - Front: Back: Side: Corner:
PROPOSED USE: Monolithic
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
Modular (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built additions? () yes () no Manufactured Home:SWDWTW (Sizex) # Bedrooms Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
Addition/Accessory/Other (Size x) Use: Kitchen Remodel Closets in addition? () yes (no
TOTAL HTD SQ FT GARAGE
Water Supply:CountyExisting WellNew Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank) Sewage Supply:New Septic TankExpansionRelocationExisting Septic TankCounty Sewer (Complete Environmental Health Checklist on other side of application if Septic) Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no
Does the property contain any easements whether underground or overhead () yes () no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner's Agent

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

*This application expires 6 months from the initial date if permits have not been issued**

APPLICATION CONTINUES ON BACK

strong roots · new growth



This application expires 6 months from the initial date if permits have not been issued

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT
OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

document	ation submitted. (Complete site plan = 60 months. Complete plat = without expiration)			
□ Env	ironmental He	alth New Septic System			
•	All property ir	ons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must led approximately every 50 feet between corners.			
	 Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, obuildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. 				
	, , , , , , , , , , , , , , , , , , , ,				
	in property in a contract of the contract of t				
	to be performed. Inspectors should be able to walk freely around site. Do not grade property.				
•					
	failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.				
	<u>Environmenta</u>	I Health Existing Tank Inspections			
	 Follow above instructions for placing flags and card on property. 				
 Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park) DO NOT LEAVE LIDS OFF OF SEPTIC TANK 					
-	DO NOT LLAVE	LEBS OF OF SECTIONARY			
		"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"			
SEPTIC					
If applyi	ng for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.			
{}} Accepted		{} Innovative {} Any			
{}} Alternative		Other			
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:			
{}}YE	S {_} NO	Does the site contain any Jurisdictional Wetlands?			
{_}}YE	S {_} NO	Do you plan to have an <u>irrigation system</u> now or in the future?			
{}}YE	S {} NO	Does or will the building contain any drains? Please explain.			
{} YES	S () NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
{_}}YE	S {_} NO	Is any wastewater going to be generated on the site other than domestic sewage?			

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service

Is the site subject to approval by any other Public Agency?

Are there any Easements or Right of Ways on this property?

{ }YES

{ }YES

{ }YES

{ } NO

{ } NO

{ } NO



Application # __

* Each section below to be filled out by whomever performing work.
Must be owner/occupier or licensed contractor. Address, company name & phone must match informat

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

phone must match	Application for Residential Building an	d Trades Permit
ion on license.	Pland	1/14/78
Owner's Name:	niel long	Date: 1/14/28 Phone: 9/9 338 4777
Site Address: 254	OS River KC	Phone: 2179 J38 4777
Subdivision:	4/11 5 4/4	Lot:
Description of Propose	ed Work: Kitchen Remoded	Total Job Cost 2/5, 000
	General Contractor Informa	ation
Vanrel	Flond General Contractor Informa	
Building Contractor's C	Company Name	relephone
		Ofstate @ gmail. CON Email Address
Address		
License #	HEATED SQ FT GARAG	E SQ FI
License #	Electrical Contractor Inform	nation
Description of Work	Kitche Electrical Contractor Inform Service S Remodel	size: 700 Amps T-Pole: Yes No
Daniel Hond	1Lemode (T. I
Electrical Contractor's	Company Name	Telephone
Address A A		Email Address
Address //		Email Address
License #		
	Mechanical/HVAC Contractor In	formation
Description of Work _		
Mechanical Contracto	r's Company Name	Telephone
Address		Email Address
Lineage #		
License #	Plumbing Contractor Inform	nation
Description of Work	Kitchen Remodel	# Baths
Daniel F	land	
Plumbing Contractor's	s Company Name	Telephone
-		
Address / / /		Email Address
11/17		
License #	Insulation Contractor Inform	mation
	monation contractor mon	
Insulation Contractor's	s Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fea schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

______ General Contractor ______ Owner ______ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

All as one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: